



National Institutes of Health
Institute
Branch
Building 10, Room ()
Bethesda, Maryland 20892-1192
(301) ()
(301) ()FAX

To: Chairman, Credentials Committee

From: (Name, Professional Designation(s), Title), Clinical Center Nursing Department
Or
(Name, Professional Designation(s), Title), Sponsoring Institute Branch Chief or
Institute Clinical Director

Date: (Date)

Subject: Reappointment of (applicant name), C.R.N.P.

It is requested that (first, middle initial & last), C.R.N.P. be reappointed to the Adjunct Medical Staff of the Warren G. Magnuson Clinical Center, National Institutes of Health. He/She is to retain ("Adjunct" or "No" as shown on the NIH-101 form [a.k.a. "Record of Participation in Patient Care"]) admitting and ("Full", "Retrieval" or "No" as shown on the NIH-101 form*) MIS code privileges. He/She will continue to provide direct clinical care to (describe the patient population) under the (insert Appointment Mechanism shown on Part 1 of the NIH-101 form*) Appointment Mechanism. (Physician's name that is named in his/her Physician/Nurse Practitioner Agreement) will serve as her immediate supervisor. He/She resides at (applicant's home address), works in Building 10, Room (room #) and may be reached at (NIH telephone #).

I know of no malpractice or other adverse action against Mr./Ms. (applicant last name) and therefore highly recommend reappointment.

* For information on the NIH-101 form, contact the Credentialing Services section of the National Institutes of Health Warren G. Magnuson Clinical Center Medical Record Department at 301-496-5937.